**PRE-ANAESTHESIA BEST POSSIBLE MEDICATION HISTORY FOR ORTHOPAEDIC SURGERY-PROGRAMMED PATIENTS**

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**BACKGROUND**

In the orthopaedic surgery department, anaesthetists prescribe medicines to programmed patients during the pre-surgery anaesthesia consultation.

A three months (2016) long study on medication reconciliation (MR) at admission, realised by a clinical pharmacist on 215 patients:

- There is at least one unintended medication discrepancy (UMD) for 53% of them.

A pre-anaesthesia best possible medication history (PA-BPMH) has been implemented.

**OBJECTIVE OF THIS STUDY**

To test the impact of this PA-BPMH on the number of UMD.

**MATERIAL & METHODS**

- A monocentric prospective study was realised during three months (from February to April 2018) in an orthopaedic surgery department.
- Have been included programmed patients for three different surgeries (hip bone, knee bone and spine).
  - The PA-BPMH is obtained before the anaesthesia consultation from data given by the patient’s usual pharmacy.
  - If necessary, the pharmacist contacted the patient.
  - The PA-BPMH recorded into the prescription software on pre-admission is at the anaesthetists’ disposition.
  - Finally, a medication reconciliation is performed at admission.

**RESULTS**

- 106 patients have been included
- An average age of 68 years

The PA-BPMH was possible in 83% (n=88)

- Anaesthetists used the PA-BPMH in 89% of cases (n=78)
- Patients with PA-BPMH, 76% (n=67) had a medication reconciliation
- One UMD was observed in 21% (n=14) of patients

This number could be reduced to 16% if 100% of the PA-BPMH was used.

The PA-BPMH was not obtained because:
- The absence of pharmacy’s contacts (7.8%; n=8)
- The lack of pre-admissions (6.6%; n=7)

**CONCLUSIONS**

This test phase allowed to evaluate the PA-BPMH’s feasibility. Obtaining a BPMH before the anaesthesia consultation has reduced the number of unintended medication discrepancies at admission (53% vs 16%).

The difficulty of exhaustivity led us to create a pre-anaesthesia pharmacist consultation in the patients’ presence in order to improve the efficiency.

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24rd Congress of the EAHP : 27st - 29rd March 2019 – Barcelona, Spain